

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10712942

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2							52								
3							53								
4							54								
5							55								
6							56								
7							57								
8							58								
9							59								
10	/	/					60								
11		/					61								
12		/					62								
13		/					63								
14		/					64								
15	/						65								
16		/					66								
17		/					67								
18							68								
19		/					69								
20		/					70								
21		/					71								
22	/						72								
23		/					73								
24		/					74								
25		/					75								
26		/					76								
27		/					77								
28		/					78								
29							79								
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33							83								
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36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	3						TOTAL IND.								
TOTAL DEP.	16						TOTAL DEP.								
TOTAL CLAIMS	19						TOTAL CLAIMS								